

CRIMINAL HISTORY INFORMATION REQUEST

Department of Human Services

Requestor/Worker Name	ORI MI33DHSS0	Purpose Code M	Load Number	Date
-----------------------	-------------------------	----------------	-------------	------

I – CRIMINAL HISTORY RECORD CHECK

Purpose M/ <input type="checkbox"/> APS	
Tracking Number (<u>Required</u> Entry on LEIN Scan Line – Complaint #15. Enter SWSS Log #/Case Number/Client ID/Social Security)	
Case Name	Reason (Required if no Tracking number is available)

Last Name*	First Name	Middle Name
Relationship to Case Name		A.K.A. / Maiden Name (if known)
Date of Birth, Age*, or Year of Birth	Sex	Race
Social Security Number		

II – ADDITIONAL PERSONS

Last Name*	First Name	Middle Name
Relationship to Case Name		A.K.A. / Maiden Name (if known)
Date of Birth, Age*, or Year of Birth	Sex	Race
Social Security Number		

Last Name*	First Name	Middle Name
Relationship to Case Name		A.K.A. / Maiden Name (if known)
Date of Birth, Age*, or Year of Birth	Sex	Race
Social Security Number		

*Minimum information required for LEIN Inquiry. The more information provided would provide a more accurate response from LEIN.

III – ADDITIONAL REQUESTS FROM THE LEIN SYSTEM

License Plate Check – Plate Number	Drivers License Number	Additional Information/Requests (e.g. Gun Check)
------------------------------------	------------------------	--

LEIN Results:

☐ **Hit** ☐ **No Hit**

I agree not to obtain or disclose information from LEIN in a manner that is not authorized by law or rule. I understand that a violation of this law is a misdemeanor punishable by imprisonment for not more than 90 days or a fine of not more than \$500.00 or both. A second or subsequent violation is a **FELONY** punishable by imprisonment for not more than 4 years or a fine of not more than \$2,000.00, or both.

Requestor/Worker Signature (May be sent and signed electronically)	LEIN Operator Signature *Mandatory upon completion of LEIN Query)	Date
--	--	------